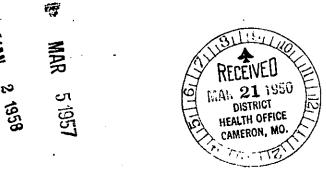
BIRTH MO. REG. DIST. MO. /33 PRIMARY REG. DIST. MO. 3012 Registror's No. 12 I. PLACE OF DEATH a. COUNTY. L'ATTIS ON D. CITY (If outside corporate limits, write RURAL and give township) of STAY (in this piece) TOWN Bethany; d. FULL NAME OF (if not is hospital or institution, give street address or location) HOSPITAL OR RIGH HOSPITAL OR RIGHT OF CALL FOR MARK IED. LOWN RUTAL (Dallas TWp) d. STREET (If runt, give location) ADDRESS 1 mile E. Martinsville, STAM BOARTS (Month) (Day) (Year) OF DECEASED (Type or Print) EVA (NOne) NICHOLS S. SEX 6. COLOR OR RACE NONE NICHOLS REG. DIST. MO. 2012 C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township) C. CLY (II outside corporate limits, write RURAL and give township	FILED MAR	24 1050	THE DIVISION OF HE	ALTH OF MISSOU	RI	8402
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PLACE OF DEATH COUNTY ATT SON County	IRTH NO		_ REG. DIST. NO. /33	PRIMARY REG. DIST.	10. 301 2 Regist	ror's No. 22
b. CITY CIT controls corporate limits. write RURAL and gave provided corporate	1. PLACE OF DE	ATH		2. USUAL RESIDE	ENCE (Where deceased liv	ed. If institution: residence befor
1. C.	a. COUNTY	ison		a. STATE ssour	i ^{b.} fia	Trison admission
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d. FILE NAME OF II on is hospital or institution, the street hiddren or location ADDRESS 1 mile E. Martinsville, 3. NAME OF B. (Piet) D. (Middle) C. (Last) D. (Middle) C. (Last) D. (Middle) D. (M	TOWN	anv.			(Dallas Tw	p) 3770)
3. NAME OF DECEASED S. (First)	d. FULL NAME OF (if not in hospital or institution, give street address or location)			1 10000000		U
Type of Print EVA				1 1111	le E. Marti	nsville,
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 7-14-1878 7-1	3. NAME OF DECEASED			••	4. DATE (Month) (Day) (Year)
The control of the co	(Type or Print)		, -,		, Devil	
Pumple White Married 10b. KIND OF BUSINESS OR IN- DUSTRY Married (Basks or foreign constity) 10b. KIND OF BUSINESS OR IN- DUSTRY Harrison County Mo. U.S.	5. SEX \ 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	1	9. AGE (In year last birthday)	Months Days Hours Min.
DUSTRY Harrison County			married V		71	8 1
ANTECEDENT CAUSES Be and of Operation of County of Coun	done during most of work	ing life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
JOHN Henry Magee Florence Pearson Orton N. Nichols 5. WAS DECEASED EVER IN U.S. ARMED FORCESS 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. CAUSE OF DEATH 19. CAUSE OF DEATH 19. DESASE OR CONDITION 19. DESASE OR CONDITION 19. DESASE OR CONDITION 19. MEDICAL CERTIFICATION 19. MATTERCEPENT CAUSES 19. MATTER SIGNIFICANT CONDITIONS 19. MAJOR FINDINGS OF OPERATION 19. MAJOR F						o. U.S.
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Morbid conditions, if any, giring DUE TO (b) the mode of sping, such the the discase or conditions the thirty of compiler the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Possible to the disease or condition constributing to the death but not related to the disease or condition constributing death. Sa. DATE OF OPERA- TION Sa. DATE OF OPERA- TION Sa. ACCIDENT LOS (Boseity) DID, PLACE OF INJURY (e.g., is or about the Homicide Homicide Conditions contributing to the death but not related to the disease or condition constributing death. Sa. MICIDE HOMICIDE Conditions contributing to the death but not related to the disease or condition constributing death. Sa. MICIDE HOMICIDE Conditions (Mosth) (Day) (Tear) (Eloser) (Eloser) (Eloser) (Eloser) (COUNTY) (STATE) 216. INJURY OCCURRED WHILE AT WORK 217. HOW DID INJURY OCCUR? WHILE AT WORK 221 hereby certify that I attended the deceased from 2 - 8 , 1950, to 3 - 155 , 1950, that I last saw the deceased alive on 3 - 55 , 1950, and that death occurred at 3:20 A m., from the causes and on the date stated above. Sa. SIGNATURE AS. BURIAL, CREMA- ION, REMOVAL OBjectify BUILT 13 AS. DATE 24c. NAME OF CEMETERY OR CREMATORY PAGE AND BURIAL AS FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND BURIAL AN		ŀ		7		
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21b. PLACE OF INJURY (e.g., ito or about SUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (COUNTY) (COUNTY) (STATE) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (COUNTY)		19b. MAJOR FIND	DINGS OF OPERATION			20. AUTOPSY?
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WHILE AT WORK NOT WHILE AT WORK AT WOR			T 1 216 IN HIDY OCCUPED	314 HOW DID IN HIDY	OCCUPT	
2. I hereby certify that I attended the deceased from 2-8, 1950, to 3-15, 1950, that I last saw the deceased alive on 3-15-, 1950, and that death occurred at 3:20 Am., from the causes and on the date stated above. 3a. SIGNATURE AS BURIAL. CREMA- 245. DATE 124c. NAME OF CEMETERY OR CREMATORY 724d. LOCATION (City, town, or county) 125. DATE RECO BY LOCAL 126. REGISTRAR'S SIGNATURE 127. 1950 128. FUNERAL DIRECTOR'S SIGNATURE 129. FUNERAL DIRECTOR'S SIGNATURE	OF			ZII. HOW DID INJUNT	CCCOR!	
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Burial V 3-17-1950 Kidwell Cemetery Eartingville, Mo. Date reco by Local Registrar's Signature 1/6 25, Funeral Director's 81 GNATURE Aboresa Mch 17-1950 Zola Burres 6 MS Land Burres Ma	24a. BÜRİAL. CREMA	- 245, DATE	24c. NAME OF CEMETER	Y OR CREMATORY	Ad. LOCATION (City, tow	
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neh-17-1950 Zola Burrer 6 M3 Land Bettanes Ma	DATE REC'D BY LOCAL	REGISTRAR'S S				
			2	mske	and Bitt	Lange Ma
		0		statement on Reverse Side)	71



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or by
	Student Embalmer No

working under my personal supervision.

Signed 7775 Lane

3899

Licensed Embaimer No......

P. O. Address — othen y, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

If this body is not embalmed, fact should be so stated above.

Student Embaimer

the above constitutes grounds for revocation of license.)